



MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS  
AND PROFESSIONAL REGISTRATION  
LICENSING SECTION  
**APPLICATION FOR MOTOR VEHICLE EXTENDED SERVICE  
CONTRACT PRODUCER LICENSE**

P.O. BOX 690 OR  
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MISSOURI 65102  
**THIS FORM MAY BE DUPLICATED**

PLEASE PRINT OR TYPE

1. SOCIAL SECURITY NUMBER				2. DATE OF BIRTH				
3. LAST NAME		JR./SR., ETC.		4. FIRST NAME		5. MIDDLE NAME		
6. RESIDENCE/HOME ADDRESS (PHYSICAL STREET)			7. CITY		8. STATE	9. ZIP CODE	10. FOREIGN COUNTRY	
11. HOME TELEPHONE NUMBER		12. GENDER (CHECK ONE) <input type="checkbox"/> Male <input type="checkbox"/> Female		13. ARE YOU A CITIZEN OF THE UNITED STATES? (CHECK ONE) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, of which country are you a citizen? _____				
14. BUSINESS ENTITY NAME								
15. BUSINESS ENTITY ADDRESS (PHYSICAL STREET)			16. P.O. BOX	17. CITY		18. STATE	19. ZIP CODE	20. FOREIGN COUNTRY
21. BUSINESS TELEPHONE NUMBER (INCLUDE EXT.)		22. BUSINESS FAX NUMBER		23. BUSINESS E-MAIL ADDRESS			24. BUSINESS WEB SITE ADDRESS	
25. APPLICANT'S MAILING ADDRESS		26. P.O. BOX	27. CITY		28. STATE	29. ZIP CODE	30. FOREIGN COUNTRY	
31A. LIST ANY OTHER ASSUMED, FICTITIOUS, ALIAS, MAIDEN OR TRADE NAMES YOU HAVE USED IN THE PAST.								
31B. LIST ANY TRADE NAMES UNDER WHICH YOU ARE CURRENTLY DOING BUSINESS OR INTEND TO DO BUSINESS.								

**EMPLOYMENT HISTORY**

32. Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

			FROM		TO		POSITION HELD
			MONTH	YEAR	MONTH	YEAR	
NAME							
CITY	STATE	FOREIGN COUNTRY					
NAME							
CITY	STATE	FOREIGN COUNTRY					
NAME							
CITY	STATE	FOREIGN COUNTRY					
NAME							
CITY	STATE	FOREIGN COUNTRY					

**BACKGROUND INFORMATION**

33. The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgement withheld or deferred, or are you currently charged with committing a crime? ☐ YES ☐ NO

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

"Had a judgement withheld or deferred" includes circumstances in which a guilty plea was entered and/or a finding of

**BACKGROUND INFORMATION**

guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence—sometimes called an “SIS” or “SES”).

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgement

2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration? ☐ YES ☐ NO

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgement.

3. Has any demand been made or judgment rendered against you or any business of which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by a provider, an administrator, an insurer, an insured, or a producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. ☐ YES ☐ NO

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? ☐ YES ☐ NO

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Are you currently a party to, or ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach or fiduciary duty? ☐ YES ☐ NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgement.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? ☐ YES ☐ NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage? ☐ YES ☐ NO

If you answer yes:

- a) by how many months are you in arrearage? \_\_\_\_\_ months
- b) are you currently subject to and in compliance with any repayment agreement? ☐ YES ☐ NO
- c) are you the subject of a child support related subpoena/warrant? (If you answer yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.) ☐ YES ☐ NO

**APPLICANT'S CERTIFICATION AND ATTESTATION**

34. The Applicant must read the following very carefully:

1. I hereby certify, under penalty of perjury, that all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. I hereby designate the Director of the Department of Insurance to be my agent for service of process regarding all insurance matters and matters concerning motor vehicle extended service contracts in Missouri and agree that service upon the Director is of the same legal force and validity as personal service upon me.
3. I further certify that I grant permission to the Director to verify my information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify, under penalty of perjury, that a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the Director to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the Director and any person acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the motor vehicle extended service contract laws and regulations of Missouri and of any other jurisdiction to which I apply for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from Missouri. (Applies only if Applicant's home state/resident state issues licenses that authorize the marketing of motor vehicle extended service contracts.)

ORIGINAL PRODUCER SIGNATURE

FULL LEGAL NAME (PRINTED OR TYPED)

MONTH/DAY/YEAR

**NOTARY**

NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

**INSTRUCTIONS**

1. All applicants must submit a \$25 application fee in the form of a money order, cashier's check, or business check made payable to DIFP – Insurance. Personal checks are not accepted.
2. Mail completed application to: MO DIFP – Insurance  
PO Box 4001  
Jefferson City MO 65102-4001